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For action

Country programme recommendation**

Philippines

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1998 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of the Philippines for the period 1999 to 2003 in the amount of $12,499,000 from general resources, subject to the availability of funds, and $34,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

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The situation of children and women

1. The Government of the Philippines is strongly committed to making significant progress in the implementation of the Convention on the Rights of the Child. The legislative framework of the Convention at national level is largely in place, and its implementation is strengthened by a civil society that is highly protective of human rights. The Local Government Code (LGC), which devolved the delivery of basic services except public education to local government units (LGUs), has facilitated greater local authority and interest in meeting children's rights and the ability to develop stronger Government/civil society partnerships. Political stability, improved peace and order, economic growth, and a free media and active civil society have created a favourable environment for the well-being of children and women. Expenditure on human development issues has been increasing steadily since 1994. However, this may be in jeopardy because of reduced government revenues and family incomes resulting from the recent economic slowdown in the region.

2. The maternal mortality rate (MMR) continues to be high, with the current level estimated by the Government at 209 per 100,000 live births for 1987-1993 and 180 for 1995. Protein-energy malnutrition declined by only less than 5 per cent over a 10-year period, which is lower than other countries in the region. The Government estimates that the infant mortality rate (IMR) has declined from 57 per 1,000 live births in 1991 to 49 in 1995 and that the under-five mortality rate (U5MR) has declined from 80 to 67 per 1,000 live births during the same period. (United Nations estimates for IMR and U5MR are much lower, while those for MMR are higher. See table 1 for United Nations estimates.) Serious geographic disparities in maternal and child health and nutrition, education and other indicators exist throughout the country. Major causes of child death are acute respiratory infections, diarrhoea and malnutrition. School drop-out rates are high, with a deteriorating quality of education and a lack of preparation for basic education at home. Children in need of special protection include 3.7 million working children aged 5-17 years, 1.5 million children and youth affected by substance abuse, and 60,000-75,000 children who are sexually exploited.

Programme cooperation, 1994-1998

3. The fourth country programme was designed to support the Philippines Plan of Action for Children. It focused on reaching the mid-decade goals and strengthening the capacity of government agencies to plan for and provide basic services for women and children in selected provinces and cities. The health programme (with extensive supplementary funding from the Government of Australia) was successful in developing training materials and in training thousands of midwives, traditional birth attendants and other health workers to deal more effectively with childhood illnesses and provide safe birthing practices. More than 800 hospitals have become "baby-friendly". Immunization coverage has declined slightly from very high levels in 1990, but has moved upward during the past two years. The Government of the Philippines has planned for and provided funds to procure nearly all of the vaccine needs through the Vaccine Independence Initiative. Polio eradication remains on target, with no wild virus isolated since 1993. The nutrition programme has achieved a high protection level against vitamin A deficiency through the mass distribution of vitamin A supplements. Procurement services have been instrumental in accessing high-quality, low-cost supplements. Some consumer products have begun to be fortified with vitamin A and iron. A law was passed requiring all salt to be iodized, although to date only about 15 per cent of salt is iodized; compliance with the law remains a challenge. Cooperation in education includes the launching of national school enrolment days, the development of multigrade schools in remote rural areas, increasing local community participation in the management and support of these schools, implementation of day-care services and an eight-week curriculum to prepare children to enter grade one, and parent education to help parents provide better care for their children. Child protection advocacy was successful, and interventions were initiated with both government and non-governmental organization (NGO) partners in combating child labour and the sexual exploitation of children. More than 60,000 street children received educational assistance as part of urban basic services. HIV/AIDS education was initiated in school, and some progress has been made in awareness-building among youth. Although gender discrimination is not widely considered to be a problem in the Philippines, gender studies have shown an alarming level of violence in the home. These studies have greatly increased awareness of discrimination against girls and women. The "minimum basic needs" package of indicators developed in the programme have been adopted as the central mobilizing and monitoring tool for the Government's poverty reduction "Social Reform Agenda".

Lessons learned

4. Decentralization offers excellent opportunities for closer community/local government partnerships, strengthens priority setting and increases the relevance of programming for children. It has required UNICEF and

other development partners to adjust their programme processes, including massive policy advocacy and political mobilization through regional development councils and leagues of local officials. LGUs require substantial capacity-building to play their new role effectively.

5. The foundation of national legislation in support of the Convention on the Rights of the Child is a necessary but insufficient condition to effect behaviour change at home and community levels and to ensure a high priority for the allocation of resources for children. A wider partnership between Government and civil society, with massive advocacy and mobilization, is required to ensure that children's rights are both understood and met.

6. The inability to achieve the nutrition goals has demonstrated a need to focus greater efforts on key preventive and curative actions which can be taken at home, community, basic health service and referral levels. This requires greater integration of health, nutrition and information, education and communication (IEC) interventions, and enhanced health system/community/family interaction. Legislation on salt iodization needs to be enforced with greater vigilance.

7. Significant progress has been made over the past decade to develop mechanisms to rescue, rehabilitate and reintegrate children in need of special protection. Increased efforts are needed to integrate these mechanisms into more systematic approaches to prevent and protect children from exploitative labour, sexual abuse, drug abuse and other violations of their rights.

Recommended programme cooperation, 1999-2003

General resources: $12,499,000
Supplementary funding: $34,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Communication	1 882	2 000	3 882
Local policy and institutional development	1 785	2 000	3 785
Strategic programme interventions:			
Health and nutrition	3 550	15 200	18 750
Education	1 785	2 900	4 685
Child protection	1 584	10 750	12 334
Gender and development	505	1 000	1 505
Cross-sectoral costs	1 408	150	1 558
Total	**12 499**	**34 000**	**46 499**

a/ The breakdown for estimated yearly expenditures is given in table 3.

Objectives and strategy

8. The overall objective of the Government of the Philippines-UNICEF programme of cooperation is to support the Government to progressively implement the Convention on the Rights of the Child through (a) strengthening the capacity of LGUs to manage basic services; and (b) enhancing the full participation of civil society to support family efforts to raise, nurture and protect their children. Government goals for children, to which the country programme will contribute, include: (a) reducing IMR, U5MR, MMR and malnutrition; (b) improving the quality of education and increasing participation and cohort survival rates; and (c) reducing the number of children suffering from sexual exploitation,

hazardous labour and substance abuse, and are in conflict with the law.

9. The programme strategy will focus on converting the Convention on the Rights of the Child from a legal framework into a well-defined, nationwide "child-friendly movement" involving families, communities, and local and national governments as well as the private sector and NGOs. The "movement" will be highly goal-oriented and include establishing and monitoring "child-friendly" neighbourhoods, schools, health facilities, media, work places of parents, religious communities, communities (*barangays*), municipalities, cities and provinces. For example, a "child-friendly" school is one that tracks and brings to school all school-age children in the community and provides for a relevant curriculum, positive learning experiences and an enabling environment. A "child-friendly" community provides for universal immunization, prenatal care, child growth monitoring and basic education, and monitors child protection. A "child-friendly" municipality or province legislates and enforces ordinances consistent with the Convention and gives priority to children through adequate investment in basic services and facilitates a broad partnership for children with civil society. The political foundation for this movement has been laid through extensive collaboration with the Leagues of Provinces, Cities, Municipalities and Barangays as they have committed to becoming "child- friendly". A new national development plan for children covering the period 1998 through 2015 will be developed by the Government at the beginning of the programme period to provide a strong goal orientation and clear policy framework to guide local development plans to further strengthen implementation of the Convention through the "movement". Provincial, municipal and local development plans for children also will be developed. Coordination and monitoring mechanisms at all levels will be strengthened.

10. The programme will include three interrelated components: (a) communication; (b) local policy and institutional development (LPID); and (c) strategic programme interventions in health and nutrition, education, child protection, and gender and development. These components will include activities at national as well as local levels. The strategic interventions in health and nutrition, education, child protection, and gender and development will be highly integrated and converge at community and home levels. The strategy mix focuses on major investments in advocacy, technical support and capacity-building, with model-building and service delivery focused on selected provinces and cities to enhance disparity reduction.

Communication

11. A critical mass of key actors and institutions that has begun to establish a new attitude towards children has evolved in Philippine society as a result of deliberate advocacy and mobilization for action and resources for child survival, development and protection. The programme will serve as the "motor" for the "child-friendly movement". It will aim to increase access to knowledge and information on the situation of children, programme for children and best practices, and expand the capacity of society to realize child rights. It will build on the vibrant and active partnership with Government, policy makers, media, academia, NGOs, religious communities and civil society. The programme will strengthen support for institutionalizing the mechanisms established for policy and programme development, implementation, monitoring and resource allocation for children within their respective domains that will converge in the "child-friendly movement". Capacity-building will include improvement of the quality of information as well as the design and use of various tools and processes in providing greater opportunities for child participation and dialogue with civil society. The programme will support service delivery in the selected provinces by promoting improved behaviour choice among families and communities using a strategic mix of channels and media. The programme will establish a knowledge network that will link the generators of child-related and relevant data and information, such as local and international research groups, institutions and universities, and communicators, with specific users, including donors and private sector contributors. It will support the packaging of data and information into materials for use by media organizations and communication enterprises to improve the understanding of child rights and enhance behaviour choice by families and communities.

Local policy and institutional development

12. As the country is highly decentralized, with devolved authority to 78 provinces, 85 cities, 1,540 municipalities and 41,936 *barangays*, the LPID programme will work with clusters of provinces and municipalities to promote local policy development, legislative action, the development of best governance practices and local investment in priority activities to support the realization of local and national goals for children. The programme is designed to leverage and expand nationwide the lessons learned from the substantive and intensive programme cooperation in 19 selected provinces and 5 cities outlined below as the "strategic programme interventions" covering health, nutrition, education, gender

and child protection. Regional development councils, the Leagues of Provinces, Cities, Municipalities and Barangays and the Department of the Interior and Local Government will be key counterparts to advocate for and develop local policies for children, including appropriate amendments to the LGC to ensure a more equitable distribution of the national budget to local governments and investment in children. Additional partners will be tapped to support capacity-building activities for LGUs to develop and manage local development plans for children. The programme will facilitate the formulation of local legislation, ordinances and development plans which give priority to children's rights and leverage local resources. Local initiatives on good governance and excellence in service delivery will be recognized through a performance evaluation scheme using "child-friendly" indicators. Local monitoring systems also will be supported and closely linked to the communication activities outlined above.

Strategic programme interventions

13. The strategic programme interventions in health and nutrition, education, gender and development, and child protection will be implemented at the national level to ensure consistent policy guidance and support. However, they will be focused primarily at the local level in 19 provinces and 5 cities to strengthen service delivery and improve behaviour choice at family and community levels. These sectoral activities will be closely integrated to provide for convergence of services to benefit children and women most at risk. The programmes will concentrate efforts at local (provincial, municipal and community) levels to develop, document and promote "best practices" interventions which include comprehensive, and integrated services and care for children. Programme cooperation will include both technical and management assistance to strengthen capacity at the local level.

Health and nutrition

14. This programme is designed to improve the health and nutrition status of children and women through activities at community and family levels as well as health system/referral levels. Community activities are designed to enhance the ability of caregivers to improve caring practices and health-seeking behaviours in families and communities. The programme also will strengthen the capacity of local health workers and facilities to support community efforts and provide "child-friendly" services and specialized referral care. The challenges for the health care system to become "child-friendly" include providing essential drugs and quality, timely services that are readily accessible to families. The programme will support LGUs to access essential supplies for children through UNICEF procurement services and support the strengthening of procurement and logistical systems. Health care financing schemes will be tested for viability and sustainability. The package of interventions for child health and nutrition will include training and support for growth monitoring and promotion; exclusive breastfeeding and appropriate complementary feeding; immunization; micronutrient supplementation; and child care, including psychosocial care at the family/community level, coupled with strengthening the integrated management of childhood illnesses at health systems levels. The maternal package includes elements of safe motherhood (including essential and emergency obstetric care), reproductive health, maternal empowerment and care during pregnancy and lactation at the family/community level, together with prenatal and emergency obstetric care at the health system level. Micronutrient initiatives will focus on continued vitamin A mass supplementation, universal salt iodization through strict implementation of existing laws and the promulgation of local ordinances, and iron/folate supplementation linked to anthelmintic treatment when indicated. Food fortification will be supported in partnership with the private sector. Support for policy development and IEC will be addressed at national, regional and local levels in cooperation with the communications and LPID programmes. Scaling-up of health and nutrition models within the selected provinces and cities will be implemented as supplementary funds become available, taking into account other projects funded by other donors and international financial institutions.

Education

15. The quality of and access to basic education will be improved through a strategy of policy advocacy and development and of model-building to identify and disseminate best practices in teaching/learning. The education programme will support the development of the education component of the Government's multisectoral early childhood care and development (ECCD) programme. This component will focus on equipping families and caregivers to meet the emotional, psychosocial and intellectual needs of 0- to 16-year-old children. The piloting of multigrade schools to increase access to education by marginalized rural children and the use of multigrade demonstration schools to model health, sanitation and nutrition promotion and school-community partnerships will be continued. Model-building to improve the quality of teaching/learning in various contexts will be continued as an effective interface to large projects supported by the World Bank, the Asian

Development Bank (AsDB) and bilateral donors. Testing and documenting these models assure multisectoral linkages with health, nutrition and child protection, and mainstreams the schools into the "child- friendly movement". The programme also will support policy development towards greater system decentralization and school autonomy and piloting of approaches to non-formal, non-traditional, non-classroom-based educational interventions for working children, street children, children from cultural communities and disabled children. Technical assistance will be given to curriculum and materials review for the elimination of gender bias and for introducing innovations in ECCD.

Child protection

16. This programme will tackle the problems of child labour, sexual abuse and exploitation, including youth health promotion, HIV/AIDS prevention and juvenile justice. While focusing on these specific problem areas, the full set of child protection issues, as outlined in the Convention, will be mainstreamed into the communication programme. Strong linkages exist between the child protection and the education and health and nutrition programmes as well. It has been shown that keeping children in school is a key to protection from exploitation. Priority will be given to four sets of interventions: (a) prevention and early intervention at home and community level; (b) rescue, recovery and reintegration, and documentation of abuses; (c) building responsive systems to monitor and protect children in each category requiring special protection; and (d) building a comprehensive system of justice for children. As child abuse occurs largely at home and in communities, a major thrust will be to promote responsible and effective family behaviour and facilitate the establishment of Barangay Councils for the Protection of Children and Barangay Human Rights Action Centres as the child protection arm of the "child-friendly movement". Community volunteers will be trained, and support will be given to the development of competencies of service providers for law enforcement, juvenile justice, psychosocial interventions, the prevention and detection of disabilities, community-based rehabilitation for abused children, and life skills education for children and out-of-school youth. Private sector and NGO partnerships will be sought to facilitate credit schemes and livelihood activities to alleviate the needs of families with children at risk.

Gender and development

17. Gender mainstreaming to ensure understanding, the elimination of gender bias and the empowerment of women and girls will be pursued in all programmes. This programme will utilize a life cycle approach, beginning with pregnant women and continuing through the young girl to adolescence to ensure that gender concerns are strongly promoted. The health and nutrition projects will highlight the special requirements of women and girls, and safe motherhood activities will be implemented in the context of women's health. School curricula will be evaluated and revised to eliminate gender stereotyping. Media will be challenged and supported to deal with gender stereotyping in their programming, and the child protection programme will give a strong focus to women/girl child trafficking, sexual abuse and incest. Water and sanitation interventions will be targeted to schools to facilitate the comfort of girls. The Convention on the Elimination of all Forms of Discrimination against Women will be utilized in parallel with the Convention on the Rights of the Child to advance gender concerns and will be incorporated into the "child-friendly movement". Studies to better understand gender socialization at home, in school and through media will be pursued, including the promotion of girls/women's self esteem. Model-building of community-based preventive interventions against discrimination, violence and exploitation will be emphasized.

Monitoring and evaluation

18. Support for monitoring and evaluation will be provided at three different levels: (a) programme monitoring and evaluation; (b) goals monitoring; and (c) child rights monitoring in the context of the "child-friendly movement". Programme monitoring will assess programme and project management and implementation through quarterly and annual exercises, analysis of processes and outcomes, and financial monitoring. This component of the programme will be implemented through the Fifth Country Programme Steering Committee chaired by the National Economic Development Authority. Goals' monitoring to assess achievements (IMR, MMR, etc.) will be built into the national and local monitoring systems. UNICEF will support surveys and other appropriate means to collect and analyse data, the training of LGU officials on the management and analysis of information, and updating of the situation analysis for children and women on a routine basis. Monitoring of the implementation of the development plans for children and the "movement" will be coordinated by the Council for the Welfare of Children at national and regional levels and by governors and mayors at local government levels. Community-level monitoring will be undertaken by all stakeholders in the "movement" through local data boards, and the status of all children in the community will be reviewed on a periodic basis. An award system for certifying "child-friendly" communities, municipalities

and provinces is envisioned. UNICEF will support all of these activities in the priority provinces and cities, and nationwide through the LPID programme.

Cooperation with other partners

19. UNICEF will work closely with other United Nations agencies through the United Nations resident coordinator system to ensure compliance with the newly completed United Nations Development Assistance Framework (UNDAF) and the country strategy note. UNDAF-related mechanisms are facilitating more intensive and effective collaboration with the World Health Organization (WHO) and the United Nations Population Fund in women's, youth and child health; WHO and the Food and Agriculture Organization of the United Nations in nutrition; the International Labour Organization in child labour; and the United Nations Development Programme in governance, water and environmental sanitation, and gender and development. UNICEF serves as the convener of the education and empowerment of women inter-agency working groups and participates in five other groups. UNICEF will continue to work closely with the World Bank, AsDB and several other bilateral donors to test and bring to scale an elementary education package and an early childhood development package that integrates health, nutrition and psychosocial/early education services. The Australian Agency for International Development was the single largest donor in the current country programme. Efforts will be made to maintain this fruitful partnership and, at the same time, broaden the base of supplementary funding partners. The "child-friendly movement" and the prominent position of UNICEF as an advocate and supporter for implementation of the Convention on the Rights of the Child are expected to enhance the prospects for local fund-raising and broaden the partnerships for children in the Philippines. Already a large number of ordinary Filipino citizens and corporate donors contribute generously to UNICEF. Efforts will be made to further enhance this during fifth country programme.

Programme management and coordination

20. The "child-friendly movement", with extensive participation by more than 10 government departments, religious and media organizations, scores of NGOs and people's organizations, as well as the private sector at national, regional, municipal and local levels, will be coordinated nationally by the Council for the Welfare of Children. Coordination mechanisms at the regional level through the regional development councils and at provincial, municipal and *barangay* levels through local development councils and other bodies created by the LGC, e.g. local health and school boards, will be developed and strengthened. The country programme will be coordinated by a national steering committee, chaired by the National Economic and Development Authority, which coordinates all external assistance. Cooperation at the regional level will be facilitated through the regional development councils and at local levels through provincial and city memoranda of agreement based on provincial and city plans of action for children. Work and financial plans will be developed, implemented and monitored with the appropriate implementing agencies of the Government, the selected 19 provinces and 5 cities, and collaborating non-governmental partners.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Philippines	(1996 and earlier years)		UNICEF country classification
Under-five mortality rate	43*	(1996)	Middle U5MR
Infant mortality rate	34*	(1996)	Middle IMR
GNP per capita	$ 1160	(1996)	Low middle GNP
Total population	69.3 million	(1996)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1996
Births	(thousands)	1472	1746	1952	2029
Infant deaths (under 1)	(thousands)	88	96	88	69
Under-five deaths	(thousands)	132	141	123	87
Under-five mortality rate (per 1,000 live births)		90	81	63	43*
Infant mortality rate (under 1) (per 1,000 live births)		60	55	45	34*

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1982/1996)	Moderate & severe	33	28
	Severe	2	5
Babies with low birth weight (%, 1990)		..	15
Primary school children reaching grade 5 (%, 1980/1993)		64	70

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1993)	..	33
Timely complementary feeding rate (6-9 mos.)(%, 1993)	..	52
Continued breast-feeding rate (20-23 mcs.) (%, 1993)	..	18
Prevalence of wasting (0-59 mos.) (%, 1982/1996)	7	6
Prevalence of stunting (0-59 mos.) (%, 1982/1996)	42	30
Total goitre rate (1993)	..	7
Household comsuming iodized salt (%, 1996)	..	15

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	87
Routine EPI vaccines financed by government (%, 1996)		..	88
Access to safe water	Total	51	84
(% of population, 1980/1996)	Urban/rural	65 / 43	93 / 80
Access to adequate sanitation	Total	73	75
(% of population, 1980/1996)	Urban/rural	81 / 67	89 / 63
Births attended by trained personnel (%, 1993)		..	53
Maternal mortality rate (per 100,000 live births, 1990)		..	280 **

Immunization		1981	1985	1990	1996
One-year-olds (%) immunized against:	Tuberculosis	61	76	96	82
	DPT	51	59	88	70
	Polio	44	61	88	67
	Measles	..	55	85	72
Pregnant women (%) immunized against:	Tetanus	37	55	43	47

* Government estimates for IMR and U5MR are much higher at 49 and 67 respectively.

** The NDS 1987-93 estimates for MMR of 209, are adjusted by the UN for "misclassification and under-reporting" to 280/100,000 live births.

TABLE 1 (continued)

Philippines

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1995)	Total	112 / 94	116 / 90*
	Male	114 / 95	.. / 89*
	Female	110 / 92	.. / 91*
Secondary enrolment ratio (gross/net) (%, 1980/1995)	Total	64 / 45	79 / 60
	Male	60 / 42	.. / ..
	Female	69 / 48	.. / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	90	95
	Male/female	91 / 89	95 / 94
Radio/television sets (per 1,000 population, 1980/1995)		43 / 22	147 / 49

DEMOGRAPHIC INDICATORS		1970	1980	1990	1996	2000
Total population	(thousands)	37540	48317	60779	69282	75037
Population aged 0-17 years	(thousands)	19738	23582	28134	30923	32406
Population aged 0-4 years	(thousands)	6357	7528	8759	9602	9715
Urban population (% of total)		33.0	37.5	48.8	55.0	58.6
Life expectancy at birth (years)	Total	57	61	65	68	69
	Male	56	59	63	66	67
	Female	59	63	67	70	71
Total fertility rate		5.8	4.9	4.2	3.7	3.4
Crude birth rate (per 1,000 population)		39	36	32	29	26
Crude death rate (per 1,000 population)		10	9	7	6	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1983/1993)		45	40
Population annual growth rate (%, 1965-1980/1980-1996)	Total	2.7	2.3
	Urban	3.9	4.7

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1985-1995)		3.2	1.5
Inflation rate (%, 1965-80/1985-95)		12	10
Population below $1 a day (%, 1988)		..	28
Household income share (%, 1985/1988)	Top 20%/bottom 40%	53 / 14	48 / 17
Government expenditure (% of total expenditure, 1984/1993)	Health/education	5 / 18	3 / 16
	Defence	12	11
Household expenditure (% share of total, 1980 or 1985)	Health/education	2 / 4	.. / ..
Official development assistance: (1980/1996)	$US millions	304	883
	As % of GNP	1	1
Debt service (% of goods and services exports(1982/1995)		13	16

* DHS 1993.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1994-1998 a/

COUNTRY: PHILIPPINES
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $22,500,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1,602	5,706	774	1,867	2,109	636	1,028	1,981	5,513	5,200	10,190	10,500	15,703	15,700
Nutrition	836	1,415	554	287	111	21	453	442	1,954	5,170	2,165	9,070	4,119	14,240
Water supply and sanitation	304	14	114	1	198		251		867	1,130	15	1,980	882	3,110
Education	594	481	800	351	424		616	134	2,434	2,710	966	4,720	3,400	7,430
Community organization and development	204	194	90	407	396	10	299	777	989	2,115	1,388	5,000	2,377	7,115
Women-centred programme	23		72				96		191	500			191	500
Children in especially difficult circumstances	146	552	55	702	158	570	90	1,734	449	1,000	3,558	5,630	4,007	6,630
Social mobilization and advocacy	169		147		68		237		621	730			621	730
Planning and social statistics	105	8	201		31		979	16	1,316	1,620	24	600	1,340	2,220
Programme support	210				779		199		1,188	2,325			1,188	2,325
Emergency b/	117	62	57	10			12	16	186		88		274	
GRAND TOTAL	4,310	8,432	2,864	3,625	4,274	1,237	4,260	5,100	15,708	22,500	18,394	37,500	34,102	60,000

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of closure 01, 30 April 1998.

b/ Actual GR expenditure includes allocations from global funds.

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: PHILIPPINES
PROGRAMME CYCLE : 1999-2003

		1999	2000	2001	2002	2003	TOTAL
COMMUNICATION	GR	394,000	355,000	320,000	285,000	528,000	1,882,000
	FSF						
	NSF	300,000	300,000	350,000	550,000	500,000	2,000,000
	TOTAL	694,000	655,000	670,000	835,000	1,028,000	3,882,000
LOCAL POLICY & INSTITUTIONAL DEV'T	GR	440,000	390,000	355,000	320,000	280,000	1,785,000
	FSF						
	NSF	300,000	300,000	350,000	550,000	500,000	2,000,000
	TOTAL	740,000	690,000	705,000	870,000	780,000	3,785,000
HEALTH AND NUTRITION	GR	885,000	800,000	705,000	630,000	530,000	3,550,000
	FSF						
	NSF	2,200,000	2,800,000	3,300,000	3,500,000	3,400,000	15,200,000
	TOTAL	3,085,000	3,600,000	4,005,000	4,130,000	3,930,000	18,750,000
EDUCATION	GR	440,000	390,000	355,000	320,000	280,000	1,785,000
	FSF						
	NSF	400,000	400,000	500,000	800,000	800,000	2,900,000
	TOTAL	840,000	790,000	855,000	1,120,000	1,080,000	4,685,000
CHILD PROTECTION	GR	395,000	359,000	315,000	275,000	240,000	1,584,000
	FSF						
	NSF	1,600,000	2,000,000	2,250,000	2,350,000	2,550,000	10,750,000
	TOTAL	1,995,000	2,359,000	2,565,000	2,625,000	2,790,000	12,334,000
GENDER AND DEVELOPMENT	GR	125,000	110,000	100,000	90,000	80,000	505,000
	FSF						
	NSF	200,000	200,000	200,000	200,000	200,000	1,000,000
	TOTAL	325,000	310,000	300,000	290,000	280,000	1,505,000
CROSS-SECTORAL COSTS	GR	320,000	295,000	279,000	266,000	248,000	1,408,000
	FSF						
	NSF			50,000	50,000	50,000	150,000
	TOTAL	320,000	295,000	329,000	316,000	298,000	1,558,000
TOTAL, PROGRAMME BUDGET	GR	2,999,000	2,699,000	2,429,000	2,186,000	2,186,000	12,499,000
	FSF						
	NSF	5,000,000	6,000,000	7,000,000	8,000,000	8,000,000	34,000,000
	TOTAL	7,999,000	8,699,000	9,429,000	10,186,000	10,186,000	46,499,000
STAFF COSTS a/		762,318	818,642	879,248	944,766	996,672	4,401,646
GENERAL OPERATING COSTS		239,443	267,300	298,400	274,900	245,800	1,325,843
TOTAL, ESTIMATE SUPPORT BUDGET		1,001,761	1,085,942	1,177,648	1,219,666	1,242,472	5,727,489
GRAND TOTAL		9,000,761	9,784,942	10,606,648	11,405,666	11,428,472	52,226,489

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : PHILIPPINES
PROGRAMME : 1999-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
COMMUNICATION	1,882,000			1,882,000	0	0	0	0	0	0	0	2	1	3	0	632,854	632,854
LOCAL POLICY & INSTITUTIONAL DEV'T	1,785,000			1,785,000	0	0	0	0	0	0	0	2	1	3	0	700,323	700,323
HEALTH AND NUTRITION	3,550,000			3,550,000	0	0	0	1	0	0	1	0	1	2	651,534	267,120	918,654
EDUCATION	1,785,000			1,785,000	0	0	0	0	0	0	0	1	1	2	0	527,664	527,664
CHILD PROTECTION	1,584,000			1,584,000	0	0	0	0	0	0	0	1	1	2	0	626,388	626,388
GENDER AND DEVELOPMENT	505,000			505,000	0	0	0	0	0	0	0	0	0	0	0	65,302	65,302
CROSS-SECTORAL COSTS	1,408,000			1,408,000	0	0	0	0	0	0	0	2	1	3	0	481,908	481,908
TOTAL GR	12,499,000			12,499,000	0	0	0	1	0	0	1	8	6	15	651,534	3,301,559	3,953,093
SUPPLEMENTARY FUNDING :																	
COMMUNICATION		0	2,000,000	2,000,000	0	0	0	0	0	0	0	1	0	1	0	154,243	154,243
LOCAL POLICY & INSTITUTIONAL DEV'T		0	2,000,000	2,000,000	0	0	0	0	0	0	0	1	0	1	0	234,551	234,551
HEALTH AND NUTRITION		0	15,200,000	15,200,000	0	0	0	0	0	0	0	2	2	4	0	476,920	476,920
EDUCATION		0	2,900,000	2,900,000	0	0	0	0	0	0	0	1	0	1	0	122,810	122,810
CHILD PROTECTION		0	10,750,000	10,750,000	0	0	0	0	0	0	0	3	3	6	0	818,860	818,860
GENDER AND DEVELOPMENT		0	1,000,000	1,000,000	0	0	0	0	0	0	0	1	0	1	0	122,810	122,810
CROSS-SECTORAL COSTS		0	150,000	150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	34,000,000	34,000,000	0	0	0	0	0	0	0	9	5	14	0	1,930,194	1,930,194
TOTAL GR & SF	12,499,000	0	34,000,000	46,499,000	0	0	0	1	0	0	1	17	11	29	651,534	5,231,753	5,883,287
SUPPORT BUDGET		Operating costs		1,325,843													
		Staffing			0	1	1	0	0	0	2	3	15	20	1,717,054	2,664,117	4,381,171
GRAND TOTAL (GR + SF + SB)					0	1	1	1	0	0	3	20	26	49	2,368,588	7,895,870	10,264,458
	Number of posts and staff costs:																
	Current programme cycle										3	15	33	51			
	At the end of proposed programme cycle (indicative only)										3	20	26	49	2,368,588	7,895,870	10,264,458

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.